

# Supplemental Information Form

OMB Number: 0524-0039

Please complete this form in conjunction with SF-424 (R&R) Application for Federal Assistance.

## 1. Funding Opportunity

\* Funding Opportunity Name

\* Funding Opportunity Number

## 2. Program to which you are applying

\* Program Code Name

\* Program Code

## \* 3. Type of Applicant

## 4. Additional Applicant Types

## 5. Supplemental Applicant Types *(Check all that apply)*

- ☐ Alaska Native-Serving Institution
- ☐ Cooperative Extension Service
- ☐ Hispanic-Serving Institution
- ☐ Historically Black College or University (other than 1890)
- ☐ Minority-Serving Institution
- ☐ Native Hawaiian-Serving Institution
- ☐ Public Nonprofit Junior or Community College
- ☐ Public Secondary School
- ☐ School of Forestry
- ☐ State Agricultural Experiment Station
- ☐ Tribal College (other than 1994)
- ☐ Veterinary School or College

## 6. HHS Account Information

\* Does the legal applicant have a Department of Health and Human Services' Payment Management System (DHHS-PMS) Payee Identification Number (PIN) for CSREES awards?

☐ Yes ☐ No

\* What is the DHHS-PMS PIN to be used in the event of an award?

## \* 7. Key Words

## 8. Conflict of Interest List

Add Attachment

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